



Original communication

When nightclub security agents assault clients

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ABSTRACT

In 2006, a medico-legal consultation service devoted to adult victims of interpersonal violence was set up at the Lausanne University Hospital Centre, Switzerland: the Violence Medical Unit. Most patients are referred to the consultation by the Emergency Department. They are received by forensic nurses for support, forensic examination (in order to establish medical report) and community orientation. Between 2007 and 2009, among community violence, aggressions by security agents of nightclubs on clients have increased from 6% to 10%. Most of the victims are young men who had drunk alcohol before the assault. 25.7% presented one or several fractures, all of them in the head area. These findings raise questions about the ability of security agents of nightclubs to deal adequately with obviously risky situations and ensure client security.

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1. Introduction

In 2006, a forensic consultation service, the Violence Medical Unit (VMU), was created in the University Centre of Legal Medicine at Lausanne University Hospital Centre (CHUV), Switzerland. The VMU consultation deals with adult victims of interpersonal violence occurring in any setting: home, workplace or wider community. This consultation establishes forensic documentation of any kind of assault, and includes a written medical report of subjective complaints and a description of objective lesions as well as photographic documentation of injuries resulting from the assault. The patient is then referred to community based agencies and institutions for further follow-up and medical, psychological, legal and/or social support, as these are not available through the VMU, which thus functions as a documentation and orientation service. Consultations are carried out by forensic nurses, supervised by forensic medical doctors. Almost all patients are referred to the VMU by the Emergency Department (ED).^{1,2} Since the opening of the VMU, the number of patients has regularly increased, from 435 in 2006 to 517 in 2009, but the distribution between community violence (2/3) and domestic (family or partner) violence (1/3) is

stable. Among community violence, we noticed a significant proportion of violence perpetrated by nightclub security agents on clients (6% in 2007 to 10% in 2009). We therefore decided to study this subset of community violence in order to (1) describe the victim demographics, (2) describe the assaults and the subsequent injuries, (3) document alcohol consumption of victims and (4) estimate the expenses incurred due to the subsequent VMU and ED consultations.

Published studies pertaining to assault in nightclubs have mainly been based on sociological empirical methodology. They mainly focus on organizational risk factors such as establishment layout, staff and client behaviour and alcohol or drugs consumption.^{3–5} In this article, we propose a forensic approach which provides detailed information about the assault itself and the subsequent injuries.

2. Patients and methods

The protocol of the study was approved by the local ethics committee in March 2010. Inclusion criteria included all patients who consulted at the VMU between 01.01.2007 and 31.12.2009 due to assault by a nightclub security agent.

Data was collected from medical files (VMU and ED), from forensic reports and from the hospital administrative computerised record-keeping system. Data was recorded using Microsoft® Office Excel® 2007 (Microsoft Corporation) and statistical analyses were conducted in Stata/IC 11.1 (StataCorp_ 2009 LP).

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Table 1
Number of VMU patients according to the type of violence.

Year	Violence medical unit (VMU) N patients	Community violence (CV) N patients	Security agent violence N (%/CV)
2007	441	293	18 (6)
2008	455	303	20 (7)
2009	485	332	32 (10)
Total	1381	928	70 (8)

3. Results

3.1. Victim demographics

Between 2007 and 2009, the Violence Medical Unit received 1381 patients of whom 928 reported community violence. Among these 928, 70 (7.5%) reported assault by a nightclub security agent; they constitute the final sample of the study. During these three years, the apparent increase of the patron assault by nightclub security agents is not statistically significant (trend test $p = 0.088$) (Table 1).

93% of these victims are men and the median age is 26 years. Similarly to the global population of VMU patients, 66% of the victims of assault by a nightclub security agent are Swiss or hold a permanent residency permit. Their level of education varied from incomplete compulsory schooling to university level.

3.2. Violent events and the related injuries

3.2.1. Violent events

Assault by security agents occurred in the City of Lausanne in 96% of cases, and 19 of the 40 nightclubs of the city were involved. More than three quarters of the assaults occurred on the weekend. Assault number increases steadily from midnight onwards and peaks at 3:00–4:00 a.m. (Fig. 1).

The security agents involved were all men and, according to the victims, in half of the situations, were alone at the time of the assault. In the other half of situations, there were two or more. In 7% of situations, victims recounted simultaneous assault by several security agents but could not specify their number.

The police intervened in 61% of the cases and 11% of the victims were transported by ambulance to Lausanne University Hospital Centre (CHUV).

All victims of assault by nightclub security agents reported physical violence. 66/70 patients claimed to have been punched, kicked and/or head-butted. In 8.6%, the security agents used a blunt instrument, most frequently a nightstick or brass knuckles. Neither sharp instruments nor firearms were mentioned. In one case, a security agent threw a client against a glass door that broke and caused sharp injuries. Pepper spray was used in 10% of the situations studied.

Six security agents threatened the victims with further violence and two security agents uttered death-threats. In four cases the threats were associated with insults, and in four other cases, the security agents insulted the victims without adding specific threats.

3.2.2. Injuries

Bruises were the most frequent injuries, being present in 86% of patients, followed by abrasions (76%) and lacerations (29%). 25.7% of the victims presented one (18.6%) or several (7.1%) fractures, all of them in the head area (Fig. 2 and Table 2). Compared to other community violence victims treated at the VMU, victims of assault by security agents presented significantly more fractures (25.71% vs 14.45%, $p = 0.012$).^d Except for the client injured with the glass door,

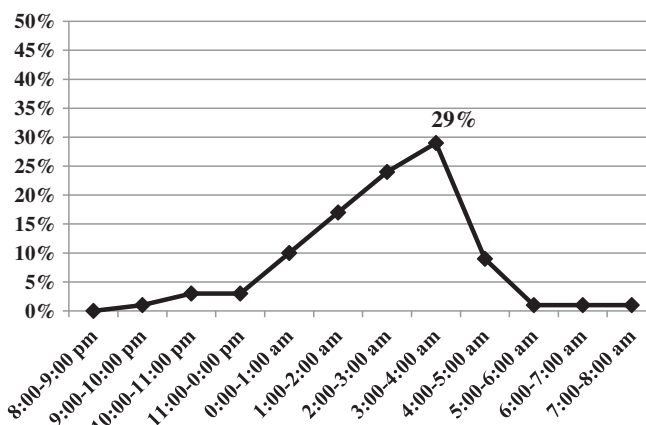


Fig. 1. Time of nightclub security agent assault ($n = 70$).

no sharp injury was present. Most injuries were in the head area (80%) but it was not significantly different from the other types of community violence (Fig. 3). On the other side, the rate of neck injuries was significantly higher for victims of security agent assault (32.86% vs 19.70%, $p = 0.009$)*.

64/70 (93%) of the victims of security agent assault consulted the ED before the VMU. Two thirds of these patients had radiological examination performed in the ED (X-rays 37%, CT-Scan 13% or X-rays and CT-Scan 16%).

3.3. Alcohol consumption

Information concerning alcohol consumption before the aggression is available for 56 patients (80%). At the ED, blood alcohol concentration (BAC) was measured in 13 cases: BAC was <1 g‰ in one case, between 1 and 2 g‰ in 7 cases and ≥ 2 g‰ in 5 cases; a clinical diagnosis of acute alcoholic intoxication (without BAC dosage) was retained for 5 patients. ED notes for 7 additional patients simply stated that the patient had consumed alcohol. During their consultation at the VMU, 27 other patients reported alcohol consumption before the assault: ≤ 4 standard drinks for 11 patients and >4 standard drinks for 16 patients. Only four patients said that they had not drunk any alcohol before the assault (7%) (Table 3). It is noteworthy that no victim reported signs of drunkenness in the assaulting security agents.

3.4. Consultations cost

The average cost of the ED and subsequent VMU consultations for a person claiming to have been assaulted by a nightclub security agent was around 800 €. Sick leave was prescribed to 15 patients

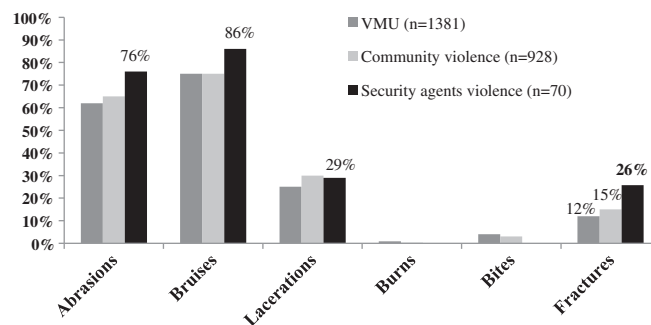


Fig. 2. Injuries presented by the VMU patients according to the type of violence.

^d Chi-square test.

Table 2Fractures presented by the victims of nightclub security agents assault ($n = 70$).

Facial fractures	N	Skull fractures	N
Nasal bone	9	Ethmoid	2
Teeth	8	Frontal bone	1
Orbital margin	1	Temporal bone	1
Maxillae	2	Occipital bone	1
Total	20	Total	5

for an average of 6.2 days. Psychological support was recommended for 8 patients (11.4%).

40% of the victims had already filed a complaint with the police at the time of their consultation at the VMU and 53% planned to do it.

4. Discussion

This study was motivated by the significant proportion of assaults by nightclub security agents amongst Violence Medical Unit patients registered between 2007 and 2009. This means that the professional staff supposed to ensure patron safety may on occasion become part of the insecurity problem. Most of these assaults occurred on weekends in central Lausanne. Lausanne is the capital of the Canton of Vaud and counts 200,000 inhabitants. It is famous for its nightlife and 30,000 night clubbers attend the city on weekends.^{6,7} Most of the assaults by security agents occurred late at night, around the nightclubs closing time. We can hypothesize that it is a critical moment because security agents may have to expel the last clients. At that time, tiredness may be a contributing factor.

Another risk factor is alcohol. The link between alcohol and violence has been clearly shown in several international studies, whose results indicated that alcohol represents the psychoactive substance that is most frequently associated to interpersonal violence. The amount of alcohol consumed on one time is one of the most important statistical predictors for participation in fights.^{8–10} Our study only provides information pertaining to the victims' alcohol consumption, and none of them reported signs of drunkenness amongst the assaulting security agents. 94% (66/70) of the victims reported prior alcohol consumption and 42% (28/66) reported major alcohol consumption. Alcohol can lead to inappropriate behaviour and to inadequate assessment of situations dangerousness due to altered perception and judgement.

The proportion of fractures in victims of assault by security agents is significantly higher than in other types of community violence. It demonstrates the strength of the blows dealt by the security staff. Moreover, all of the fractures and most of other injuries were located in the head area. These results are in

Table 3Alcohol consumption by the victims before aggression by security agents of nightclubs ($n = 70$).

Alcohol consumption before the aggression	N
No information	14
Blood Alcohol Concentration (BAC) < 1 g‰	1
BAC 1–2 g‰	7
BAC ≥ 2 g‰	5
«Acute alcoholism»	5
«Had drunk alcohol»	7
≤ 4 standard drinks	11
>4 standard drinks	16
No consumption	4
Total	70

accordance with several studies that show that interpersonal violence is the most common cause of facial trauma.^{10–12} We can consider that both severity and localization of injuries are evidence of unprofessional behaviour.

We evaluated around 800 € the average cost of the Emergency Department and subsequent VMU consultations for an aggression by a security agent. This important cost is mainly due to the radiological exams, as highlighted by a study of the Emergency Department of Bern university hospital in Switzerland.¹³ But it only reflects a small part of the financial consequences supported by the community. Indeed, medical follow-up, sick leave, police, legal and judicial expense are not included.

Finally, it is noteworthy that this type of interpersonal violence is almost exclusively male as all the perpetrators and 93% of the victims are male (vs 70% in other types of community violence encountered at the VMU). We also have seen that victims are young (median age of 26 years). Statistics produced by WHO on youth violence have shown that the majority of victims of non fatal violence treated in hospitals are males.¹⁴ Our data show the same trend.

5. Conclusion

These findings raise questions about the ability of security agents of nightclubs to deal adequately with obviously risky situations and ensure client security. Considering our study, it appears that they can interact in a rather violent way. The observatory for the safety in the City of Lausanne^e considers that this may be partly due to the fact that the security agents are frequently hired directly by the nightclubs rather than via security companies, and hence are “moonlighters” who are neither professionals nor professionally trained for their tasks, as well as to high staff turnover.¹⁵ In response, a collaborative training program provided by the Police of the City of Lausanne and Lausanne’ seven largest nightclubs has been available for nightclub security agents since 2005. However, our study highlights the need to continue and strengthen this initiative.

One limitation of our study pertains to our small sample size which limits the thoroughness of the statistical analyses. We intend to continue to monitor VMU consultations for nightclub security agent perpetrated assault.

Funding

The Direction of public safety and sports in the City of Lausanne agreed to financially support the project.

^e Created in 2002, the observatory for the safety in the City of Lausanne’s mission is to collect information to more accurately identify safety problems and anticipate their evolution.

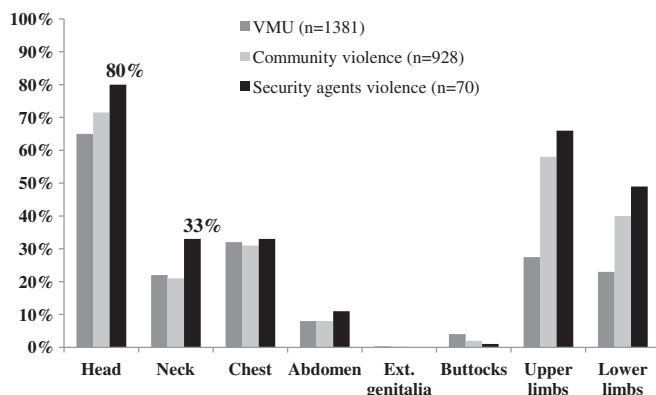


Fig. 3. Location of injuries presented by the VMU patients according to the type of violence.

Conflict of interest

All authors assess that there is no conflict of interest with other people or organizations that could inappropriately influence their work.

Ethical approval

The protocol of the survey was approved by the local ethics committee in March 2010.

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